



LANGLEY TRUST

CLIENT APPLICATION FORM

Guidance for completing this form

- Complete as much of the application form as possible. There may be sections you cannot complete or only partially complete.
- Include Offender Manager details if you have one. This will enable us to request their permission to consider your application and to obtain supporting information for your application.
- Do not worry if you cannot include any reports. Langley can obtain these.
- Please sign the consent section on page 8 and return the form to the address in Coventry at the top of page 2.
- Please include photo ID when you submit your application.
- We will write to you to let you know when we have received your application form and to let you know what happens next.

To save changes when completing this digital form from our website*

- Download and save the form to your computer.
- Reopen the form from your computer (changes made directly onto the internet version will NOT save).
- Complete the document from your computer and save before returning it to Langley Trust.

****Please print out and return to us by post if you are filling in the form by hand.***

If you have any difficulty completing this form, please contact:
the **Referrals Team:**

02476 587360
referrals@langleytrust.org.cjsm.net

or the **Care Team:**

07979 500 784
carereferrals@langleytrust.org.cjsm.net

1 APPLICANT'S DETAILS

Please complete this form as fully as possible and return it with supporting documents to:

Referrals Team: referrals@langleytrust.org.cjsm.net Tel: 02476 587360

or **Care Team:** carereferrals@langleytrust.org.cjsm.net Tel: 07979 500 784

Or by **post** to Langley Trust, Referrals Team or Care Team, PO Box 6364, Coventry, CV6 9LL

Do you require Complex Needs Care or Supported Housing?

Complex Needs Care Supported Housing

If Supported Housing, please give reasons why supported housing is required and not general needs housing

Preferred Service (See www.langleytrust.org)

Title Forename/s

Surname

Marital Status

Current Address

Postcode

Please tick if any of the following apply to your current accommodation.

My current accommodation is:

Prison/NOMIS

Hospital name (if not previously provided)

In a local care authority (please name)

A registered care home (please name)

Rented – local authority/social landlord (name area)

Rented – private sector (name area)

AP

CAS2/3

Other

Telephone

Mobile

National Insurance Number

Date of Birth

Gender

Male

Female

Transgender

Have you served in His Majesty's forces?

Yes

No

Army

Navy

Airforce

2 PREVIOUS ACCOMMODATION & RENT ARREARS

Please provide details of your last five addresses

Address

Did you hold
the tenancy?

Arrears or debt
from this address

Reason for
leaving

Owning Property

Do you or your partner currently own a property?

Yes

No

Have you or your partner owned a property in the last 5 years?

Yes

No

Name of the owner

Address of the property

Postcode

How much is/was the property worth?

Are you eligible for Universal Credit?

Yes

No

Are you in receipt of Universal Credit?

Yes

No

Rent Arrears

Current rent arrears

Previous rent arrears

Any other debt or financial problems

Availability for work and how this affects benefits

Past difficulties in claiming Housing Benefit

3 CURRENT LEGAL STATUS

Please tick all that apply:

MAPPA L1*

MAPPA L2*

MAPPA L3*

MAPPA cat 1*

MAPPA cat 2*

MAPPA cat 3*

CPPC (Critical Public Protection Case)

Bail/Remand/Parole

ACR (Automatic Conditional Release)

DCR (Discretionary Conditional Release)

HDC (Home Detention Curfew)

YOI (Youth Offending Institute)

Life Licence

IPP (Imprisonment for Public Protection)

SHPO (Sexual Harm Prevention Order)

SOR (Sex Offender Register)

* Multi Agency Public Protection Arrangements

Date information

Automatic Release Date

Parole Eligibility Date

Non Parole Date

Extended Licence Expiry

Licence Expiry Date

Sentence Expiry Date

Life Licence

Home Detention Curfew

Referral Date

Date Place Required

Details of person making the referral

Full Name

Role

Address

Tel

Email

Details of Probation Practitioner or Social Worker

Full Name

Address

Tel

Email

Other e.g. Prison Offender Manager, Solicitor, Chaplain, Family, Friend (circle appropriate)

Full Name

Address

Tel

Email

Documents to be forwarded:

Copy of the Pre Sentence Report and Parole Assessment Report if appropriate and redacted where necessary

Offending history by email with reference to offending history, or through providing the PSR; not the PNC.

OASys sections can be provided like the RMP etc; redacted where necessary.
Full OASys can be provided if it is deemed proportionate

Licence Conditions can be provided

Any documents not owned by probation will require permission from owner to share with Langley Trust

Note: The requirement for this information is supported by the Information Sharing Agreement between Langley and HMPPS

N.B. For some applicants this information may not be available. This does not mean that these applications will not go forward. They will need to be approved by the Referrals Team.

4 FURTHER CLIENT DETAILS

Substance abuse history:

Alcohol	Current use	Historic use
Crack	Current use	Historic use
Ecstasy	Current use	Historic use
Methadone	Current use	Historic use
Methamphetamines	Current use	Historic use
Amphetamines	Current use	Historic use
Cannabis	Current use	Historic use
Hallucinogens	Current use	Historic use
Misused prescribed drugs	Current use	Historic use
Cocaine	Current use	Historic use
Heroin	Current use	Historic use
New psychoactive substances	Current use	Historic use
Other (please give details)	Current use	Historic use

State main drug if more than one substance used

Details of physical or medical disability, including current medication and dosage

Has the individual ever been detained under the Mental Health Act?

Yes

No

Details of psychiatric history, including any medication and dosage

4 FURTHER CLIENT DETAILS (continued)

History of suicidal ideation/self-injurious behaviour (please give details)

Cultural Requirements

Preferred language (if NOT English) Written

Spoken

Is an interpreter required? (please give details)

Please state any specific religious requirements / observances followed/special dietary requirements

Hobbies/ Interests

5 EQUAL OPPORTUNITIES

All Housing Associations are required to collect data about an applicant's age, disabilities, gender or gender identity, ethnicity, religion or belief and sexual orientation. The information will be used solely for monitoring purposes to ensure that our policies and procedures are effective. The Trust is committed to the principles of fairness, consistency, meritocracy and equality of opportunity. No applicants will be discriminated against regardless of their age, colour, disability, ethnicity, gender or gender identity, race, religion or belief and/or sexual orientation. No applicant will be discriminated against if they do not wish to complete this part of the form, which is optional.

Please tick any statement that is appropriate to you:

- | | |
|---|---|
| Dyslexic | Blind / partially sighted |
| Deaf / hearing impaired | Require personal care support |
| Wheelchair user | Mobility difficulties |
| Registered disabled | Mental health difficulties |
| Learning disability | Unseen disability eg. diabetes, sickle cell |
| Illness / disability not listed (please give details) | |

Please tick the box that best describes your race and ethnicity

White: British Irish Other:

Mixed: White & Black Caribbean White & Black African White & Asian Other:

Asian or Asian British: Indian Pakistani Bangladeshi Arab Other:

Black or Black British: African Caribbean Other:

Chinese or Ethnic group: Chinese Other:

Refusal: **Not stated**

Please tick what you consider your sexual preference to be

Opposite sex Same sex Either sex Declined to answer

Please tick if you have been gender reassigned

Yes No Declined to answer

My religion / belief is

6 CONSENT FOR DATA PROCESSING

This permission can be given on a separate sheet and attached

I give my permission for Langley Trust to hold and process information about me as well as to pass information to appropriate third parties in order to:

- Decide whether to offer me a place
- Assess me and manage my progress while I am a resident (if admitted)
- Help me plan for a satisfactory move on

Signed

Date

(signature of person being referred)

IMPORTANT: failure to provide a signature will result in a delay to your application

How you heard about our services

1. Person being referred / self-referral

Recommended by resettlement officer / probation officer / chaplain

Saw advert in

Saw listing in a directory

Heard about Langley at a conference

Via the Langley website

Other (please state)

2. Professional / person making the referral

I routinely make referrals to the Trust

Saw advert in

Saw listing in a directory

Heard about Langley at a conference

Via the Langley website

Other (please state)

Additional information (e.g. expectations of this placement / length of stay / move-on plans)

Langley Trust, Referrals/Care Team, PO Box 6364, Coventry, CV6 9LL

T 02476 587360 **E** referrals@langleytrust.org.cjsm.net

Langley House Trust (working name 'Langley Trust')

Registered Charity No. 1146304 Registered Social Landlord No. 4693

